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Brittany Noelle Bach  
The Impact of Parental  
Narcissistic Traits on Self-  
Esteem in Adulthood

## **ABSTRACT**

Very little research directly addresses the question of how a parent's narcissistic traits affect the development of their children into adulthood. In this qualitative study, 9 adults were interviewed to explore how they experienced the effects of a parent's narcissism, especially in relation to their understanding of their own self-esteem in adulthood. All 9 participants identified these parental traits as having an impact on their self-esteem, and nearly all of them (n=8) felt these experiences significantly affected their lives as adults. Many participants described needing external support or validation from others to feel competent or worthy, and some reported feeling as if their entire sense of self was based on how "successful" they felt in terms of their physical appearance, social life, or educational or career achievements. Participants reported that these effects shaped their relationships with friends or romantic partners in adulthood, and one expressed worrying about the potential impact on her children. Future research should identify factors that mediate the effect of parental narcissism on a child's development in order to provide the most effective interventions.

**THE IMPACT OF PARENTAL NARCISSISTIC TRAITS ON SELF-ESTEEM IN  
ADULTHOOD**

A project based upon an independent investigation, submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

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2013

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To Dad, for being a saving grace through this project.

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## **CHAPTER I**

### **Introduction**

The goal of this study is to explore the relationship between parental narcissistic traits and self-esteem, as perceived by adult children. Narcissistic traits are the nine traits that characterize Narcissistic Personality Disorder according to the DSM-IV-TR, including a lack of empathy, a need for constant attention and admiration, a lack of consideration for the needs of others, a sense of entitlement, and arrogant or patronizing behaviors (American Psychiatric Association-TR, 2000). These traits are often characterized as an individual's belief that the world should revolve around them and their needs. As reciprocity and mutual concern between two individuals is often viewed as essential for a satisfying relationship, it is not surprising that relationships with these individuals can have a significant bearing on the other person's emotional and psychological health.

When an adult is in a relationship with a narcissistic individual, one may argue that he or she is making the choice to engage in this relationship despite these possible consequences. This is not true for the relationship between a narcissistic parent and his or her child, as the child lacks the power to disengage from this potentially toxic

relationship, and additionally lacks the knowledge or insight to understand these behaviors as isolated from their value or worth as a person.

Research in attachment suggests that these feelings towards the self are shaped by the presence or absence of parental empathy, validation, and love towards the child (Ainsworth, 1982). This view of the self is often known as self-esteem, which develops from the overall evaluations one makes about his or her self (Heatherton & Wyland, 2003). Due to the nature of narcissistic traits as potential barriers to secure attachment, this research project will explore the ways in which adult children of parents with narcissistic traits understand the impact of parenting styles on their own self-esteem.

This is a qualitative, exploratory study using open-ended questions to gather narrative data from 9 participants who experienced a parent with 3 or more narcissistic traits. It examines the impact of these traits on the parent-child relationship, the development of identity and self-esteem, and possible long-term effects of parental narcissism on self-esteem in adulthood. Results from this study may contribute to a better understanding of this phenomenon, as well as the opportunity for further research on this topic.



## **CHAPTER II**

### **Literature Review**

The purpose of this research project is to explore the relationship between parental narcissism and self-esteem in adult children. In order to understand the possible association, it is necessary to examine the impact of parental narcissism on the parent-child bond and the possible effects this can have on the development and understanding of self-esteem in adulthood. This literature review contains three main sections to examine these concepts : 1) the diagnosis, characteristics, and treatment of individuals with Narcissistic Personality disorder, 2) an understanding of attachment theory and its relationship to parenting styles, and 3) an examination of self-esteem and its relationship to both attachment and perceived parenting styles.

#### **Narcissistic Personality Disorder**

According to the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision, American Psychiatric Association, 2000), an individual may only be diagnosed with Narcissistic Personality Disorder if they exhibit five or more of the following nine traits:

- a grandiose sense of self importance;

- a fixation with dreams of power, love, or brilliance, and the tendency to compare themselves with individuals they deem successful or powerful;
- a belief that he or she is special or unique compared with “normal” people, or the need to associate with people they feel are powerful or important;
- the need for excessive admiration and attention, which is often accompanied by an obsession with how they are viewed by others;
- a sense of entitlement or arrogance leading to the view that they deserve the “best” treatment or care, and should be attended to before others;
- a tendency to exploit others in relationships;
- a lack of empathy; the inability to understand the experiences, needs, or wants of others; and
- the tendency to envy others, or believe others are envious of them; and
- an attitude of arrogance, often accompanied by displays of disgust or disdain for others (APA, 2000, p. 717)

Narcissistic Personality Disorder (NPD) commonly begins in early adulthood. As is the case for many personality disorders, it affects only a small percentage of the population; about 2-16% of a clinical sample, and less than 1% of the general population (APA, 2000, p.717). The diagnosis and characterization of Narcissistic Personality Disorder has been a source of debate among clinicians, as there can be a high degree of subjectivity when determining whether an individual fits the DSM-IV-TR diagnosis. This study is designed to explore how adult children understand the impact of narcissistic *traits* on the ways in which they understand their self-esteem, and it is important to note that their parents may or may not meet the clinical criteria for the personality disorder.

There is some evidence suggesting these individuals may be less likely to seek clinical treatment, which may contribute to the lack of research available on this topic.

Researchers exploring possible explanations for this phenomenon found that individuals with NPD tend to report higher levels of self-esteem, one factor that could be seen as a protective against psychological distress (Campbell et al, 2002). Additional research indicated that individuals with NPD are less likely to report feelings of sadness or depression, another potential protective factor that might prevent these individuals from feeling distressed and seeking out therapy (Seidekes et al, 2002).

Another explanation suggests that it could be the narcissistic traits themselves that prevent individuals from seeking treatment. Shaw (2010) explains:

Convinced of their superiority and perfection, they typically don't see themselves as therapy candidates; but they will readily define those with whom they have a conflict as crazy. At most, the pathological narcissist may agree to see a therapist jointly with a romantic or business partner, or with an adult child, with the expectation that the therapist will take his side and provide therapy (i.e., correction) for the other. If the therapist doesn't see things the way the pathological narcissist does, he soon finds reason to disdain the therapist and terminate (Shaw, 2010, p. 51).

Not only does this prevent the person from engaging in treatment that may improve their symptoms and relationships, but it also may affect the ways that a person's symptoms are perceived by others. While a diagnosis does not change the nature of the symptoms, it may provide relief for friends or family who may be carrying some responsibility or self-blame for the person's behavior. If children grow up with the idea that these behaviors are normal and acceptable, they may not even consider the possible implications of their upbringing. While there may be significant resources available for adult children of alcoholics, or children with parents suffering from various psychiatric illnesses, individuals raised with narcissistic parents may suffer from emotional difficulties without the insight into the potential link between these difficulties and their upbringing.

## **Attachment**

Attachment theory is an important foundation for understanding the potential relationship between parental narcissistic traits and self-esteem in their adult children. This theory is based on the idea that an infant's early attachment to a caregiver provides a critical foundation for his or her life; providing the necessary base to form subsequent attachments in relationships and develop the independence necessary for adulthood. John Bowlby (1953) was a pioneer in the early understanding of this theory, suggesting for the first time that early experiences can have "deep and long-lasting effects" (Bowlby, 1953, p. 17) on the development of mental health. Bowlby suggests that successful attachment will provide individuals with the necessary foundation to function in adulthood. This includes both the ability to create and sustain trusting intimate relationships in adulthood, as well as the ability to self-regulate, particularly in the presence of stress or anxiety (Bowlby, 1953).

Mary Ainsworth (1969) describes the need for a child's dependence on his or her caretaker(s) that go beyond simply fulfilling the child's physical needs. She explains, "behavior described as dependent implies seeking not only contact with and proximity to other persons but also help, attention, and approval" (p. 970). It is this relationship that actually provides the individual with the necessary tools to eventually move towards independence. Furthermore, these early attachments set the stage for later success in relationships. Ainsworth describes these attachments as providing, "intra-organismic structures, presumably neurophysiological in nature, which provide the person with a continuing propensity to direct his attachment behaviors towards specific objects of attachment" (Ainsworth, 1969, p. 971).

Ainsworth and Bowlby (1991) explain that acquiring the tools necessary for adulthood is attained through this achievement of secure attachments in childhood. This secure bond allows the individual to develop the capacity to later venture out into unfamiliar situations, which is necessary for developing interests, skills, and goals, as well as to form relationships outside of the family unit. They note that individuals can only develop a secure base when they can “rely on parent figures to take care of them and take responsibility for the consequences of their behavior” (Ainsworth & Bowlby, 1991). A secure base (developed through caretakers that are responsive and empathic to a child’s needs) provides the individual with a narrative of him or herself as deserving of love and attention. Additionally, it provides the individual with the view that the world is generally safe and that they can usually expect to have their needs met. In the absence of this type of care giving, individuals are unable to successfully develop these models and therefore a positive sense of self.

Parental empathy is of significant importance in the development secure attachments. In a research article by Trumpeter, Watson, O’Leary, & Weathington (2008) researchers explored the relationship between parental empathy, “love inconsistency” and self-esteem among a sample of 373 undergraduate students. Results showed that individuals who scored higher on perceived parental love inconsistency were more likely to report lower levels of self-esteem. Additionally, there was also a positive correlation between perceived parental empathy and self-esteem in adulthood. As a lack of empathy and exploitative relationships are traits consistent with Narcissism, these findings support the idea that there is a relationship between parents with these traits and adult children’s assessment of their self-esteem in adulthood.

According to attachment theory, attachment is crucial in developing the ability to form and maintain attachments in adulthood. Arbona and Power (2003) explored the relationship between parental attachment, self-esteem, and “anti-social” behaviors in young adults. The sample consisted of 1,583 African-American, European-American, and Mexican-American students, in order to additionally understand whether there were differences among ethnic groups in terms of attachment. Results showed that participants who perceived secure attachments with caregivers were more likely to report higher self-esteem, and were also less likely to engage in anti-social behaviors (Arbona & Power, 2003). This further supports the idea that self-esteem is related to secure attachment, as well as the hypothesis that individuals who lack secure attachments may have difficulties in interpersonal relationships. Given that parental narcissistic traits are contradictory to the parental qualities associated with secure attachments, this supports the idea that adult children of these parents may experience differences in reported self-esteem compared to those whose parents did not exhibit these traits.

Further exploration of the relationship between attachment, self-esteem, and adult relationships investigated the associations between parent and peer attachment, empathy, prosocial behaviors, aggression, and self-esteem in a sample of 246 undergraduate students. Consistent with the previous study, the results showed that individuals with secure attachments to parents reported higher levels of self-esteem. Furthermore, those who reported secure attachments with parents were more likely to report secure attachments with peers, and were also more likely to engage in behaviors that are associated with empathy and reciprocity in their relationships (Laible et al, 2004).

## **Self-Esteem**

In order to understand the meaning of “self-esteem,” it is helpful to first clarify what is meant by “self.” According to attachment theory, self-development occurs through the infant’s ability to develop an attachment with a caregiver, which provides the foundation for separation and the development of independence. This process of separation can be seen as a person’s attempt to create an understanding of his or her “self” as separate and unique from the caregiver. Margaret Mahler (1975) emphasizes the role of the caregiver in this process, explaining, “the sense of self that develops will bear the imprint of her care giving.” (p. 34). James Masterson (1988) explains that parental narcissism can disrupt the process of self-development, as these parents:

ignore their children’s separation and individuation needs in order to mold the children to fit their own perfectionistic standards and serve their own emotional needs. The perfectionist mother needs a perfect child to act as a mirror for her own perfectionist self-image. The emotionally cold mother needs a child able to function as perfectly as possible on his own to minimize the amount of time and emotion that she needs to invest in him (p. 102).

The development of a “self” is accompanied by a series of beliefs about oneself that is often referred to as a person’s “self-concept.” Heatherton and Wyland (2003) define self-concept as, “the totality of cognitive beliefs that people have about themselves” such as “name, race, likes, dislikes, beliefs, values, and appearance descriptions, such as height and weight (p. 220). Self-esteem, then, is a person’s overall evaluation of his or her self-concept, the “personal judgment of the worthiness that is expressed in the attitudes the individual holds towards himself (Baumeister, 1998, pp. 4-5).

Considering the multitude of factors that could potentially influence one's evaluation of his or her own abilities, aptitude, or skills, it is not surprising that there is a great deal of controversy when it comes to defining and measuring self-esteem. While some researchers believe that self-esteem can be characterized as a single trait that describes a person's general feelings towards themselves, others believe that self-esteem consists of separate parts that contribute to an overall self-view. Due to these varying definitions, several measures have been created in an attempt to successfully measure self-esteem.

This study will explore participant's global self-esteem, using the definition proposed by Tafari and Swann (1995). This definition of self-esteem is based on Rosenberg's self-esteem scale (1965) which is a survey designed to assess a person's overall attitude towards oneself using a 10-item Likert scale. Tafari and Swann (1995) explored Rosenberg's definition of self-esteem as consisting of two dimensions: a person's understanding of his or her self-competence (or understanding of his or her skills, abilities, and efficacy) as well as his or her self-liking, or understanding of his or her internal value or worth as a member of society (Tafari & Swann, 1995). Interview questions have been formulated using this definition, designed to gather narrative answers to questions related to his or her self-competence and self-liking.



## **CHAPTER III**

### **Methodology**

The purpose of this study is to explore how adult children understand the impact of their parent's narcissistic traits on their own self-esteem. This project examines the personal perspectives of adult children who experienced a parent with narcissistic traits, and how they understand their own self-esteem in relationship to these experiences. The population examined in this study consisted of 9 adult individuals who were raised by a parent who they felt exhibited three or more characteristics consistent with Narcissistic Personality Disorder.

This study was a qualitative, exploratory study using a series of open-ended questions to gather data from participants. The questions explored the participant's understanding of his or her parent's narcissistic traits using the diagnostic criterion in the DSM-IV (APA, 2000). To assess self-esteem among the participants, questions were formulated to gather narrative information on how they understand their self-competence (skills or abilities) and self-liking (how he or she views him or herself in relation to others in society) (Tafarodi & Swann, 2001).

The qualitative, exploratory design was chosen due to the substantial lack of existing research on this topic. Participants were self-selecting, and chose to participate in the study based on their own personal interest. Data was collected from March to April 2013, and involved one-on one interviews with participants, which were recorded with their permission.

### **Sample**

Participants in the study were adults (over the age of 18) who were raised by at least one biological or adoptive parent. Individuals raised by other family members or in group or foster homes were excluded from participating in the study. Participants had at least one parent that they believed met at least 3 of the diagnostic criteria for Narcissistic Personality Disorder. The sample size was 9 participants. Individuals suffering from major mental illness or substance abuse disorders were excluded from participating in this study, based on concerns of the potential for the interviews to elicit uncomfortable feelings or emotional distress. No participants were excluded on the basis of gender, racial or ethnic identity, or health status.

### **Data Collection**

There were two methods of recruitment for this study: 1) an email sent to colleagues and classmates explaining the nature of the study and asking for help in recruiting participants (see Appendix A), and, 2) flyers disbursed in local coffee shops and libraries providing a brief explanation of the study and contact information for the researcher (see Appendix B).

There were significant challenges in recruiting participants for this study. In the initial phases of recruitment, only one individual contacted this researcher--and

ultimately chose not to participate in an interview because she was not confident that her father actually met criteria for the study. During these initial weeks, this researcher continued to disseminate flyers periodically in the same locations, and sent a number of follow-up emails to colleagues and classmates reminding them of the study and requesting help finding participants. When these efforts were again met with no response, a classmate of this researcher, who was struggling with similar issues of recruitment, offered to expand the scope of recruitment through posting the text of the study's recruitment email on her Facebook page. She briefly prefaced the pasted text of the email (see Appendix C) with a request for individuals to pass along the recruitment information to anyone that could potentially meet the eligibility requirements. The response was nearly immediate, and within a week this researcher had received phone inquiries from 3 potential participants seeking to schedule interviews. Shortly thereafter, this researcher received 2 emails from participants—one of whom was a mutual colleague at a former placement, and the other a client of a mental health colleague from the placement.

Despite feeling optimistic at the sudden surge in participants, the delay in participant response meant that only 5 participants had been recruited for this study, which initially sought a sample of 11-15. As time was a constraint, this researcher modified the minimum sample size to 8 participants, and began conducting interviews while continuing to actively recruit through follow-up emails, re-distribution of flyers, and word of mouth among colleagues in field placement. It is noteworthy that this researcher's promotion of the study had not, up until this point, included other clinical interns affiliated with other schools in the area. Recognizing this as an opportunity to

recruit further participants, this researcher offered a brief synopsis of the study during a group supervision session with these interns, and additionally provided all 6 with an email describing the research and eligibility requirements. In mid-April (which coincided with the end of the field placement) 4 additional interviews had been scheduled, 3 of whom had learned about the study through mutual colleagues or classmates. While the 10<sup>th</sup> participant who expressed interest in the study met the requirements and was eager to set up an interview, she was unable to make the first scheduled interview. After attempts to re-schedule this initial interview were unsuccessful, the researcher had to inform the participant that while her interest and willingness to participate was greatly appreciated, time constraints made it necessary to close the study to begin analysis of data.

### **Ethics and Safeguards**

Interested participants were asked to contact this researcher via phone or email, at which time they were given information the nature of the study and the inclusion and exclusion criteria. If they were deemed eligible to participate, they were contacted to schedule an interview. Prior to the interview date, participants were sent an informed consent form (see Appendix C) which was again provided at the interview and reviewed with the participant. If participants agreed to informed consent, the interview could begin. The narrative interview consisted of 12 semi-structured questions, and took place in semi-private locations, primarily in the library. With the participant's permission, interviews were recorded using a digital audio recording device.

Participants were informed of their rights as voluntary participants. Prior to beginning recruitment, this researcher submitted a proposal to the Human Subjects Review Board (HSRB) at Smith College School for Social Work, addressing the

procedures in place to protect these rights. The approval letter issued by the HSRB (see Appendix D) provided assurance that this study was in compliance with federal law, including the right to privacy. Approval of the Human Subjects Review Board Proposal is included (see Appendix E) They were also told that, with the exception of the researcher, the research adviser was the only additional person with access to the data—at which time the identifying information would already be disguised and the data coded. They were informed that per Federal law, all information obtained would be kept in a locked cabinet, and would only be accessible by the researcher. Finally, they were assured that the data would be destroyed after 3 years (as required by law) and that electronic data would be stored on a password-protected computer to ensure confidentiality.

All participants were advised of the possible risks of participation. The researcher explained that the interview would contain sensitive questions that could potentially be triggering for the participant. They were advised that, should they feel uneasy at any point during the interview, they could withdraw without any consequences. They were also notified of their right to choose to withdraw from the study until May 1, 2013, at which point their perspectives would already be included in the results, and could no longer be retracted. Finally, all participants were provided with a list of resources (see Appendix D) in the event that the interview caused any negative emotional or psychological consequences.

### **Data Analysis**

This researcher transcribed the audio files of participants' responses, creating larger categories based on themes that emerged in this initial look at the data. Responses from the narrative interviews were categorized thematically as they emerged and

analyzed according to similarities and differences in responses. Once the themes were identified, further analysis looked for sub-categories within the larger themes. The primary objective of the data analysis was to identify significant experiences related to parental narcissism, with a focus on how these experiences shaped participants' developing sense of identity and self-esteem. The following chapter will discuss the results of this data analysis in greater detail.

## **CHAPTER IV**

### **Findings**

The purpose of this study was to explore how individuals understand their parent's narcissistic traits in relation to their own self-esteem. The findings in this section are from 9 interviews conducted with individuals from the Boston area who were over the age of 18 and reported having one parent with at least 3 characteristics of Narcissistic Personality Disorder. The interview consisted of three main sections designed to explore this research question. The first section consisted of demographic information, including: age, race, gender, and gender of the parent they would be discussing in the interview. The second question explored participant's experiences of his or her parent's narcissistic traits—including: the narcissistic traits their parent exhibited, stories or examples illustrating these traits, the impact of these traits on their relationship with their parent, and the ways in which they experienced their parent as similar or different to other parents they observed. In the third and final section, questions were related to the participant's understanding of his or her own self-esteem—how he or she understood the meaning of “self-esteem” and his or her assessment based on this definition, and their understanding of how, or if, this parent impacted this assessment. The data in this section

are organized by the following categories: (a) demographic data of participants, (b) experiences of parental narcissism, (c) impact of narcissistic traits on the parent-child relationship, and (d) impact on participants' self-esteem.

### **Demographic Data**

This chapter is based on the responses of 9 participants living in the Boston area, who identified a parent as displaying 3 or more traits of Narcissistic Personality Disorder. Eight of the participants were female, and one was male. When asked to identify their race, seven participants identified as Caucasian, one identified as African-American, and one identified as Hispanic. In terms of the gender of the parent identified for the interview, seven participants identified a male parent, or father, and two identified a female parent, or mother. The participant's ranged in age from 23 to 42, although eight out of the nine were in their mid-twenties (23-26). Table 1: ***Participant Demographics*** offers a visual display of participant characteristics.

### **Perceived Parental Narcissistic Traits**

This study required participants to have a parent they felt displayed at least three of the traits associated with Narcissistic Personality Disorder. These characteristics were included in the recruitment materials, and were additionally provided during the interview for individuals to reference as needed. However, many of the narratives gathered from these interviews were rich and complex in nature, which made it difficult for participants to categorize them as descriptive of one singular narcissistic trait. In order to preserve the richness of participant perspectives, the interviews were broadened to allow participants to discuss their understanding of their parent in terms of how they perceived the narcissistic traits. The themes that emerged from these questions included



individual's perceptions of parental grandiosity, lack of empathy, exploitation of others in relationships, and perceived parental criticism or rejection.

### *Grandiosity*

Grandiosity or self-importance was commonly identified in participant's experiences of their parent's narcissistic traits. Participant Four put it simply when describing their father: "he thinks the world revolves around him." This participant further described his father at another point in the interview as having an, "undeserved sense of accomplishment or self-worth...he thinks he is one of the Kennedy's." Another participant, One, described observing this trait in her father's behavior during arguments, stating:

He felt that he was always right. So no matter what conversation you had with him—even if you could kind of disprove what he was saying, he'd then play the trump card, like 'Well, I'm your parent, so what I say goes...he'd kind of turn anything you're saying to make you feel like your crazy, and he always felt he was right.

Participant Five described understanding her father's grandiosity as a belief that his personal views and opinions were superior to all others, explaining:

He values intelligence and his own world view above all else. Like anything else—you can't have a conversation with him about it, because he's above it...He has his own value system, that he thinks is the only value system. If you disagree with him, it's like you're attacking him...he'll shut down.

Participant One later described that her father believed he had the right for, "everything around him to be perfect," which she described further in recalling an experience at her brother's wedding:

We were doing pictures on the golf course, and somebody didn't see us standing on the green...and they hit the ball, and it landed in a picture...and how dare you disrupt my Dad's picture—he took off his jacket, and went down to try to intimidate the guy who had done it.

A common theme that emerged among discussions of parental grandiosity was the belief that his or her needs or wants are superior to those of others, which is often characterized as the pursuit of these interests at any cost. For example, Participant Six described an experience in which her father decided to pursue a dream of starting his own business, but in doing so, depleted the college fund her parents had set up for her and her brother. She explained that most of her frustration was related to his inability to assume responsibility for his actions:

My dad bought a house in Maine...He started operating a business there, like started operating it from his land there, like an outdoor guide business, and um, a lot of the money he used to buy the house came from me and my brothers college funds. He looks at that move as him trying to make a better living for himself, and doing something he wanted to do, and sort of this like, unrealistic, work for yourself, be independent, it's gonna be great....I mean, he essentially went bankrupt within a year. So now my brother and I don't have any money. And he just doesn't feel like he should be blamed for that.

A few participants (n=2) described their parent's extra-marital affairs as displays of grandiosity, both describing that their father's seemed to lack any feelings of remorse about the potential impact on his or her family. Participant One described this lack of remorse stemming from her father's belief that he is superior to others, and therefore felt he was deserving of an extra-marital relationship. She explained, "He felt like he deserved a wife and a girlfriend AND a family. He didn't take any personal responsibility, because he felt like he deserved both." Participant Six recalled her father's inability to understand her family's upset upon discovering he had been conducting an ongoing extra-marital affair. She described that he continued to act as if he had done nothing wrong, despite the fact that this affair divided the family. She recalled that he "didn't take any responsibility, because I don't think he thought any of it was his

fault.”

While these stories of perceived parental grandiosity cover a range of experiences, they share the common experience of the parent as primarily concerned with his or her own needs. This pre-occupation with the self is often accompanied by an inability to understand the wants or needs of others, or a lack of empathy, which was another theme that emerged among the narratives of participants in response to experiences of parental narcissistic traits.

### ***Lack of Empathy***

Many participants described a lack of parental empathy as a general lack of interest or concern about his or her child. This was often described as parental indifference towards the child and his or her likes, such as likes and dislikes, skills, personality characteristics, or interests. Participant One described, “he doesn’t know us... I mean he doesn’t even know what my favorite color is, or what my favorite food is, or anything.” Participant Seven described, “I mean, I mostly just felt like he didn’t really see me, he didn’t have any idea of who I was, or who I am.”

Other participants described their parent’s lack of empathy as the absence of concern for their physical or emotional needs. A few participants (n=2) described this in terms of a lack of financial support. Participant Four described:

It’s always him first, you know. I mean, he’d rather invest in a stock trading program than help pay for his kids to go to college. The fact that he never wants to invest in my brother and I financially, I mean, that’s really disturbing....I can never trust him, or rely on him financially....We had a lot of trouble after my mom passed away, and basically, my father didn’t want to step up to the plate as a parent.

Participant Nine also described her father’s lack of financial support:

Money became this emotional thing, cause like, that's the only way I felt like he showed his love. But he will make me and my siblings, like, beg, for it, he makes us feel really shamed. My friends Dad's will like, help them out with money, or help pay for things, and be like, "Oh, no honey, that's okay, you don't have to pay me back." He would never do that for me.

While there were significant differences in participant's understanding of this trait, several of the participants expressed feelings of frustration or sadness that seemed to result from a desire to be seen or understood by their parent. However, they explained that they often remained invisible to the parent despite attempts to win his or her attention or care. Several participants described that they often remained invisible to their parent unless some aspect of their personality or actions was upsetting or problematic for the parent. This was the final theme that emerged in response to questions regarding participants' experiences of their parent's narcissistic traits, and was often characterized as parental criticism or a lack of acceptance.

### ***Tendency to Exploit Others in Relationships***

Participants also described instances of feeling exploited or used by their parent. A few (n=3) described feeling as if their parent used them, or the parent-child relationship, for their own secondary gain. Participant One explained that her father's attention or approval was based on whether he was able display her successes to others, explaining:

He was happy with me as a student...As a student, he could show this to his friends—"My daughter has straight A's". He couldn't show that I'm a good person. I had to be a good athlete, "look, my daughter is captain of the ski team...and she has straight A's and is on honor roll. His love was contingent upon my performance. That was the only way he would leave me alone. But the second I would be sassy in public, or make him look bad, all hell would break loose.

Participant Two explained feeling like her mother was only there for her when doing so would help her to create or maintain a positive image to others. She recalled:

When I played sports, other parents would come to the games, and stuff like that, and sometimes, you know, I wanted my mom to come to the games, and she wouldn't come at all. She only started to come after she got married, and cause she felt like there was some show she could put on for everyone, like how our family is so perfect, cause she's married and has a son and a daughter, and her daughter does well in school. But any other time, she never supported me in anything.

Participant Three reported that her father seemed to only want to spend time with her to project to others an image of himself as a devoted father. She described her experiences of their interactions:

When I see him, he likes to pretend that we have like, some great relationship. He likes to get a lot of pictures together...he's focused on creating an image of our relationship. [One time] when I saw him, I hadn't seen him in a couple years, he wanted to bring me to his new wife's parents house, and introduce me to them...it was weird, cause first of all, it was the first time I had met her, and then all of a sudden I was meeting her parents—it was just a very showy thing, you could tell, it was very transparent, he just wanted to show them that we had a relationship, when we don't really at all.

#### ***Parental Criticism/Lack of Acceptance***

When asked how these narcissistic traits impacted the parent-child relationship, participants agreed unanimously that they posed some degree of strain on the relationship. A few participants (n=3) reported feeling as if they had given up on having a relationship with their parent for this reason, although they had not completely severed the relationship, as described in the following excerpts:

It's exhausting... trying to have a relationship with him now, it's almost impossible—I'm grown up, I don't need financial support from him anymore, I don't need him to provide a home for me, so...I've given up on having the relationship I would have always wanted. He's not going to give it to me. I'm not going to have that warm relationship with him. I'm not going to have the dad that is the person you call when you're in need of emotional support (Participant One)

Well, it's just been hard to build a relationship with him, its just been, umm, I

guess I could make more of an effort. I mean, honestly, I'm 23 years old, I have lived my life pretty much until now without having much of a relationship with him, and its been fine. It's just like, too little too late with him (Participant Three)

It's been difficult. Like we don't really talk....I don't call her, don't text her really, the only time we end up talking is because I want to contact my little brother, and I have to call her cell phone cause he doesn't have one yet, he's only nine. That's pretty much it. And when I do visit, or talk to her its just like, she's in her own world (Participant Five)

Two participants described completely severing their relationships with their parent as a result of the parent's narcissistic traits. Participant Six explained:

We can't have a relationship unless he like, controls the relationship...and that's why I can't have one with him, because, maybe we have similar personalities in the way that we are both kind of control freaks, and we both have really strong opinions about the way we think things should be...and there's really not a lot of reasoning between the two of us. I don't think we'll ever be able to have a relationship where like, I live my life the way I want to and he accepts it, or doesn't accept it.

Two participants described their adult relationships with their parent as primarily one-sided, in which the adult child seemed to assume responsibility for the parent's needs.

This is evident in the following excerpt from the interview with Participant Two:

There was a strong reliance on me as her emotional report. So not just when I was little through the divorce with my father, but all along, through her life. You know, she didn't need to see a therapist, cause she had me....I think kids react differently, when they have a parent who is narcissistic—the way I reacted is that I made a strong effort to take care of her And so I became very attuned to her needs, and what was going on, and what was I supposed to do at that particular moment.

### **Impact on Self-Esteem**

Nearly all the participants interviewed (n=8) described their parent as having a significant impact on their understanding of their self-esteem. Participant One described struggling with feelings of self-doubt in her relationship with her father. She stated, “every child is supposed to be loved...but for some reason, I wasn't. I mean...why

wasn't I? You know, and he kept pointing out all the things that were wrong with me.”

Participant Six described similar feelings of self-doubt that seemed to result from her internalization of her mother's negativity and criticism. She explained:

Basically, she behaviorally modified me, so everything has to be perfect...and that's how sometimes I see myself. Like, 'this isn't good enough, why am I not doing this or that, I'm 25 and haven't really gotten started in a career. When I think about it, I feel negative, so that's where it comes in. She's always like, "you could be doing this, you should be doing better.”

Another participant, Two, reported feeling as if she had internalized her mother's view of herself as selfish or uncaring, and described her ongoing struggle with its impact on her self-esteem, describing:

It took me a really long time to understand that I am not a selfish person. That is the main way I think it impacted my self-esteem. I would hear her say that all the time, and I just internalized that—that I was a very self-centered person...it took so long to re-frame that. And I struggle with that still.

Participant One similarly described her struggle with internalized messages from her father, and how this continues to impact her self-esteem as an adult, stating:

My dad's voice, its in the back of your mind...I still definitely carry those, I can be very sensitive about the way that I look...I want to be sure that I look a certain way, and can maybe, put on that brave face if I'm feeling sensitive that day.

This participant later elaborated on her childhood experiences of her father and their impact on her self-esteem as an adult, explaining that just as her father's acceptance was contingent upon her performance in school and sports, her self-esteem as an adult is significantly impacted by her job performance:

In my profession, as a teacher if there's something I don't know, that gets to me...that need to be good at it came from always having to be good at work, school, now I need to be good as a teacher

One theme that emerged among discussions of adult self-esteem was the tendency for this to vary significantly based on external factors, such as job performance for Participant One. Several participants described external feedback or validation from others as another crucial factor affecting levels of self-esteem. Participant Two described:

I'd say for most of my life, I understood myself as being very much based on how I was serving other people. So even my own feelings of accomplishment, or any of my feelings at all, were based on what I saw reflected in the other person I was with. So you know, was I making them happy? Was I doing the things I was supposed to do? Um, and if all those things were happening, then I felt good about myself. I felt like, okay, I'm doing okay.

Another Participant, Seven, also emphasized the role of external feedback on her self-esteem, and additionally notes that she has recently become aware that her self-esteem is significantly impacted by these factors, which she postulates is because she lacks a more stable internal view of herself. She described:

I very much, uh, derive my own self-worth, self-esteem, based on other people's feedback to me, like what other people think of me, or what my perception of that is...and um, I have recently just kind of realized that the internal measurements for me aren't really there, I don't really have a good way of measuring my self-worth. It's not entirely based on the feedback that I get, but a lot of it is.

### ***Long Term Impacts of Parental Narcissism on Self-Esteem***

Another theme that emerged among responses related to self-esteem was how participants understood the long-term impacts of their relationship with their parent on their self-esteem. Participant Two described how her relationship with her mother has had lasting effects on her internalized self-concept:

Cause I just hear her say that, all the time, and I just internalized that—that I was a very self-centered person. But really what was happening, was the times that I was being self-centered were the times that I was not centered on her, you know. But it took so long to re-frame that for myself. And I



struggle with that still. That tape will always be there. It's just quieter now.

Participant One described how her relationship with her father has had shaped her personality, and spoke about how the relationship may affect her throughout her life, including possibly influencing the way that she parents her own children:

I think as much as I don't want to say it will affect me for the rest of my life, it will. It's almost something that I know I probably have control over, but at the same time I know that I don't. I have kind of accepted that as part of my personality now, that I might be more sensitive, that I might have these higher empathy levels, I might have a need to be liked, or to feel like things are okay, and as much as I can say I'm aware of that of myself, I know I have these needs, it still affects me, and will still affect me forever, it won't go away 100%--even if I'm aware of it, even if I know it's happening, even if I don't want it to be there, I think it will be, and I think it maybe will affect the way that I parent.

Participant Six described that, while she does not regret cutting off ties with her father, she is aware of how their relationship may continue to affect her self-esteem, and additionally worries about whether she will eventually regret the decision she made:

I think it's going to be something that's going to affect me for a long time, I go through waves of feeling like I'm over it, and sometimes it's really bad, and then sometimes I don't think about it for weeks at a time, so I'm a little concerned that it's going to rear its head again. I'm nervous that if my dad's health deteriorates, or if a family thing happens, I have a friend whose dad just died. And whenever something like that happens, he always reaches out to me, and says how much he wants to have a relationship, and this and that. My life just feels easier without him in it, and I am nervous that that's going to change, or sort of become harder, or I don't know, that something like that is going to happen. I think I would feel guilty.

## **Summary**

The findings compiled from these interviews indicate that perceived parental narcissism can have a significant impact on adult children's understanding of their self-esteem in adulthood. Of the nine traits described in the DSM-IV, parental lack of

empathy, grandiosity, tendency to exploit others, and critical or patronizing behaviors appeared to have had the most impact on participants' development of a self-concept or identity, essential components of self-esteem. The findings also suggested that many of these individuals experienced improved self-esteem in adulthood, which for some resulted from increased self-awareness through self-education or therapy, relationships with alternative parental figures, or distance from the narcissistic parent.

Despite experiences of improved self-esteem, nearly all participants (n=8) believed they were suffering, and would continue to suffer, from the effects of their parent's narcissistic traits. Many described needing external support or validation from others to feel competent or worthy, and some reported feeling as if their entire sense of self was based on how "successful" they felt in terms of their physical appearance, social life, or educational or career achievements. Participants also described the impact on relationships with friends or romantic partners in adulthood, and one expressed worrying about the potential impact on her children.

In the Discussion chapter that follows, these findings will be discussed in terms of how they reflect previous literature reviewed in the Literature Review chapter, how some findings may diverge from previous literature, as well as unique findings that emerged from the research. In addition, it will discuss possible implications of the findings, potential opportunities for future research, and significance to clinical social work practice.

## **CHAPTER V**

### **Discussion/Conclusion**

#### **Introduction**

The objective of this exploratory, qualitative study was to examine how adult children understand the effects of a parent's narcissistic traits on their own self-esteem in adulthood. As noted in the Findings chapter summary, the following is a discussion about the findings, gathered from adult children's narrative perspectives on these issues, and explores the impact of these experiences on their stated self-esteem. In addition, this chapter discusses the study's strengths and limitations, and concludes with ideas for further research, as well as potential implications for the field of clinical social work.

#### **Summary of Findings**

The interview questions used in this study were designed to gather narrative descriptions from participants who identify a parent as having 3 or more narcissistic traits. Specifically, these questions pertained to the individual's understanding and experience of this parent's traits, the ways in which this impacted the parent-child relationship, and how they understand these experiences in relation to their self-esteem in

adulthood. In order to understand the context for participants' statements about the development of their own self-esteem, we first need to examine what the participants were seeing in their parents that they had identified as narcissistic. Participants offered insight into the ways in which parental narcissistic traits (particularly grandiosity, lack of empathy, and pre-occupation with self-image) serve as barriers to attachment, and the potential for profound and lasting impacts on self-esteem in adulthood.

### **Perceived Parental Narcissistic Traits**

#### ***Grandiosity***

Several participants cited grandiosity or self-importance in their experiences of their parent's narcissistic traits. This was often described through stories of parents' actions reflecting an attitude that the world should revolve around his or her (superior) needs. Furthermore, many participants described their parent as unable or unwilling to accept responsibility when the pursuit of these needs caused negative consequences for those around them. Many participants reported situations in which their parent's actions caused them (the children) significant emotional pain or distress, but they often described even greater frustration with the way their parent's grandiosity prevented him or her from assuming personal responsibility for these actions.

#### ***Lack of Empathy***

Lack of empathy was another trait participants commonly reported through stories of their parent's narcissistic traits. This was commonly characterized as a lack of parental interest in their child's emotional needs, in addition to the sense that the parent did not understand (nor desire to understand) essential characteristics of their personality, including their likes, dislikes, skills, or hobbies. Participants also described their parent's

lack of concern or care for the child's physical and developmental needs, such as failing to assist financially to secure food, shelter, education, or the like.

### ***Tendency to Exploit Others***

Several participants described stories of their parent in which he or she exploited others for personal gain. Participants described feeling as if their parent was only interested in the child when he or she wished to create the illusion of a relationship where, according to the child, one may not have existed. Several participants also described feeling significant pressure from their parent to succeed in school, sports, or other activities, seemingly to preserve the parent's image to the outside world.

### ***Parental Criticism/Rejection***

Parental criticism, or lack of acceptance, was a common theme that emerged in participants' experiences of their parent. Several individuals explained they often remained invisible to their parent unless the parent was pointing out a child's flaws or shortcomings. Two participants spoke about their experiences in "coming out" to their parent, and in both cases they were met with disapproval or dismissiveness.

### ***Impact on Self-Esteem***

Many of the participants interviewed reported believing their parent's narcissistic traits had a significant impact on their understanding of their self-esteem. As previously stated, self-esteem can be divided into self-competence and self-liking, both of which are *evaluations* about the self. At times participants directly addressed their own levels of self-competence or self-liking. In other cases, conclusions about either domain may be inferred from examining the participants' self-concept more broadly; i.e., "the totality of

cognitive beliefs that people have about themselves” (Heatherton and Wyland, 2003).

### **Self-Liking and Self-Competence**

As described in the literature review, self-liking is an individual’s view of oneself that develops in response to an understanding of how he or she is viewed by others (Tafarodi and Swann, 2001). In response to questions about the impact of parental narcissism on self-esteem, many participants described the impact of parental narcissism on their self-liking in adulthood. Participant Five explained her mother’s impact on her self-liking, stating:

Like basically she, behaviorally modified myself, so in like everything for me has to be perfect and orderly, because that’s how she brought me up. And, like, that’s how sometimes I see myself. It’s just like, you know, this isn’t good enough, like why am I not doing this like, I’m 25 years old, and I haven’t really got a start in my career, so like that’s really affected me

This is supported by existing research in attachment, which suggests that self-liking is based on secure attachments with caretakers. Without a caretaker that is responsive and empathic to a child’s needs, the individual is unable to develop a narrative of him or herself that suggests he or she is worthy of love and care (Ainsworth and Bowlby, 1991).

Similar to self-liking, self-competence is “the overall sense of oneself as capable, effective, and in control” which, “in the course of healthy development, gives rise to an effectively charged sense of self as a locus of potential power” (Tafarodi and Swan, 2001, p. 325). Consistent with the idea that parental narcissism disrupts the healthy development of self, many participants described their self-competence as based on external loci of control. Participant Two described:

I’d say for most of my life, I understood myself as being very much based on how I was serving other people. So even my own feelings of accomplishment, or any of my feelings at all, were based on what I saw reflected in the other person I was with. So you know, was I making them

happy? Was I doing the things I was supposed to do? Um, and if all those things were happening, then I felt good about myself. I felt like, okay, I'm doing okay.

Another participant explained a similar experience:

I very much, uh, derive my own self-worth, self-esteem, based on other people's feedback to me, like what other people think of me, or what my perception of that is...and um, I have recently just kind of realized that the internal measurements for me aren't really there, I don't really have a good way of measuring my self-worth. It's not entirely based on the feedback that I get, but a lot of it, yeah.

Again, this supports existing research on attachment, and suggests that parental narcissism significantly impacts the ability for children to develop the secure attachment necessary for the formation of self-competence in adulthood.

Of note, several participants described themselves in ways that suggest they are still in a process of recovery. For example, Participant Two described that while she understands the possible lasting effects of her mother's narcissism, this is a process that has evolved over time, stating:

I just internalized that—that I was a very self-centered person. But really what was happening, was the times that I was being self-centered were the times that I was not centered on her, you know. But it took so long to re-frame that for myself. And I struggle with that still. That tape will always be there. It's just quieter now.

Another participant explained:

I have kind of accepted that as part of my personality now, that I might be more sensitive, that I might have these higher empathy levels, I might have a need to be liked, or to feel like things are okay, and as much as I can say I'm aware of that of myself, I know I have these needs, it still affects me, and will still affect me forever, it won't go away 100%--even if I'm aware of it, even if I know it's happening, even if I don't want it to be there, but I've accepted it.

In both cases, participants seem to express a greater understanding concerning their parent's impact on their self-development and self-esteem. While both individuals acknowledge the likelihood that some of these effects may be long-lasting and profound, they also speak to an attitude of acceptance as part of the process of recovery and healing.

### **Conclusions**

The major finding of this study was that perceived parental narcissism can significantly impact self-development and self-esteem in adulthood. The findings compiled from this study are largely consistent with the previous literature on attachment and its implications on the development of self-esteem, which emphasizes the importance of parental empathy and attunement for the development of secure attachments. This trait was of particular significance for participants in describing the ways in which their parents influenced their self-esteem. Several noted that their parent's lack of attention and interest led to feelings of inadequacy or self-doubt, and often attributed this behavior to their own shortcomings. This is a concept introduced by Ainsworth and Bowlby (1991), who describe parental empathy and attunement as critical for self-development, offering the first narrative of the self as worthy of love and care, important factors in the development of a positive self-concept.

Participants further discussed some of the difficulties of navigating adolescence and early adulthood with their narcissistic parent. Many reported feeling a great deal of pressure to live up to his or her parent's expectations. Several spoke about their parent's inability to accept a piece of their emerging identity (such as sexual identity or career choice) and further described that their parent's narrative still affected them in adulthood,



leading to feelings of self-doubt. Individuals described the effects this had on their lives as adults, particularly in terms of their relationships with others. A few participants described deriving their self-esteem based on feedback from romantic partners, friends, or colleagues, and one described experiencing significant distress when she perceived that she had upset someone or failed to meet their expectations. This can be seen as a result of disrupted attachment, which Bowlby described could result in difficulty creating and maintaining relationships and regulating emotions (Bowlby, 1953).

### **Limitations**

This study has several inherent limitations. First, it relies on participants' own assessment of their parents' narcissism. As many individuals with NPD do not seek treatment or receive a diagnosis, recruiting a sample of adult children whose parents have been formally diagnosed with NPD would not have been practical. Instead, inclusion into the study required that participants have a parent who they believe meets at least three of the nine DSMIV-TR criteria for NPD. Nevertheless, participants' descriptions did strongly suggest parental narcissistic traits, particularly grandiosity/self-importance, lack of empathy, need for admiration, and attention/preoccupation with self-image.

The recruitment process also primarily involved advertising to mental health providers and trainees, which may have biased the sample toward individuals who have undergone psychotherapy. Experiences in therapy may have had a significant influence on their beliefs about their parent's narcissism. In particular, treatment by therapists oriented toward attachment theory may increase the likelihood that the participant's comments will support attachment theory.

Moreover, many people with pathologic narcissism may not be viewed as such by those around them, and this sample consists entirely of participants who have come to identify their parents as being narcissistic. One could expect that there may be adult children of people with narcissistic traits who would not be aware of the concept and therefore would not have been included in this study. Their beliefs about the effect of parental narcissism (however they may understand or describe it) on their own self-esteem may be quite different.

### **Implications for Future Research**

There is currently a lack of research specifically looking at the impact of parental narcissism on self-development. One unexplored area of particular clinical relevance involves potential risk or protective factors influencing self-development among adult children of narcissists. Such information would inform treatment interventions for this population. Laible et al (2004) note that while their findings support the relationship between secure attachments and positive self-esteem, the “link is complex” (p. 713), and future research may provide further insight on possible mediating factors influencing attachment and the development of self-esteem. Though mediating factors were not formally explored in this study, several participants pointed to some possibilities: having an empathic adult figure in their lives to serve as an alternative attachment figure, undergoing therapy, and receiving psycho education about narcissism, which gave them a better sense of understanding of their parents.

### **Benefits to Clinical Social Work Practice**

The findings from this study can benefit clinicians working with individuals struggling with the effects of parental narcissism. It can be particularly helpful for

clinicians to understand these individuals from an attachment perspective, focusing in treatment on reparative attachment work. It is important for clinicians to be mindful of this when developing rapport with these individuals, as the therapist-client relationship is particularly important in this treatment. Furthermore, therapy groups for this population may provide additional opportunities for individuals to establish healthy attachment relationships with individuals who may have similar experiences.

Participants also discussed the healing effects of increased self-awareness and education around parental narcissism, which clinicians may also find helpful for treatment. Providing psycho-education around this issue may provide individuals with greater assurance that the type of parenting they experienced was not normal or healthy, and they are not to blame for their parent's behavior. It may also provide some relief from the guilt that many participants described feeling when making decisions about maintaining a relationship with their parent. Clinicians can help individuals navigate this process, encouraging clients to establish boundaries with the parent and establish their own sense of self and identity.

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## **Appendix A**

### **Recruitment Email**

Dear Colleagues and Classmates,

As many of you are aware, I am currently in the process of completing my Master's thesis at Smith College School for Social Work. My research will explore the ways in which adult children understand their parent's narcissistic traits in relation to their own self-esteem.

I am sending this email to request your help with the recruitment process. I am hoping to interview individuals over the age of 18 who were raised by at least one parent (not including foster parents or other caretakers) whom they believe had 3 or more narcissistic traits. According to the DSM-IV-TR (2000), there are 9 traits that characterize narcissistic personality disorder, including:

- a grandiose sense of self-importance;
- a fixation with dreams of power, love, or brilliance, and the tendency to compare themselves with individuals they deem successful or powerful;
- a belief that he or she is special or unique compared with "normal" people, or the need to associate with people they feel are powerful or important;
- the need for excessive admiration and attention, which is often accompanied by an obsession with how they are viewed by others;
- a sense of entitlement or arrogance leading to the view that they deserve the "best" treatment or care, and should be attended to before others;
- a tendency to exploit others in relationships;
- a lack of empathy; the inability to understand the experiences, needs, or wants of others; and
- the tendency to envy others, or believe others are envious of them; and
- an attitude of arrogance, often accompanied by displays of disgust or disdain for others. (American Psychiatric Association, 2002)

Participants will be asked to complete a short demographic survey, and then participate in an interview. The length of the interview will be between 50 and 90 minutes. The questions will be related to the participant's experience of his or her parent, as well as questions designed to understand the individual's self-esteem.

Participation is completely voluntary. I am asking you to please forward this email to anyone you know who you think may meet the study's eligibility requirements.

Participation in this survey could potentially help individuals struggling with the effects of parental Narcissism, by increasing awareness and providing insight that may be helpful in diagnosis and treatment.

If you feel you meet the criteria for this study, and would like to participate, please contact me at [bbach@smith.edu](mailto:bbach@smith.edu) or (617) 632-7953.

Sincerely,

Brittany Bach  
Smith College School for Social Work  
MSW Candidate, 2013

Appendix B  
Recruitment Flyer

## Seeking Research Participants!

### Did your parent...

**Exhibit a sense of self-importance?**

Demand **admiration or attention** from others?

Display an **attitude of arrogance or entitlement?**

**Seem preoccupied with fantasies of power or success?**

**Believe he or she was special or unique compared to “normal” people?**

Often **take advantage** of others in relationships?

Have difficulty understanding or acknowledging other people’s **feelings, wants, or needs?**

Often act **envious towards others**, or believe others were envious of them?

If this sounds like your parent, you may be eligible to participate in a research study exploring the relationship between narcissistic traits and self-esteem in adult children.

Eligible participants **are over the age of 18 who have a parent who meets at least 3 of the 9 narcissistic traits listed above**

Participation is confidential and consists of one in-person or telephone interview.

If you are interested, or would like more information, please contact:  
Brittany Bach, MSW Candidate  
xxx--xxx-xxxx or [bbach@smith.edu](mailto:bbach@smith.edu)



## **Appendix C**

### **Informed Consent**

Dear Participant,

My name is Brittany Bach, and I am a graduate student in my second year at Smith College School for Social Work. As part of my studies, I will be completing a thesis exploring the relationship between perceived parental narcissistic traits and self-esteem in adulthood.

To participate in the study you must be an adult over the age of 18 who was raised by at least one biological or adoptive mother or father. Additionally, you must have one parent that you feel meets three of the diagnostic traits of narcissistic personality disorder, as described in the recruitment materials.

Participation in this study will consist of one in-person interview regarding your experience of your parent's narcissistic traits, and your self-esteem. There are many potential benefits to participation in this study. First, it may provide an opportunity for self-reflection, and can possibly facilitate greater understanding or insight. Additionally, you may benefit from the knowledge that your participation in this study is helping to gather information that could help individuals struggling with the effects of negative parenting styles or feelings of low self-esteem or self-worth. As this study asks you to answer personal and possibly sensitive questions, there is a risk that participating in this study could cause uncomfortable feelings or personal distress.. You will be provided with a list of resources, which will include a list of local mental health clinics. You are encouraged to use these resources should you experience any negative feelings or reactions from participating in this study. Unfortunately, I am unable to offer any financial compensation for this study.

Participation in this study is completely voluntary. With the exception of the researcher, the research adviser will be the only additional person with access to this data, and will only be allowed access after the identifying information has been disguised. Results of demographic questions will not be identifiable. As is required by Federal law, all information obtained will be kept in a locked cabinet that is only accessible by the researcher. These data will be kept for 3 years as required by law, at which point it will be destroyed. All digital files will be stored on a computer that is password-protected to ensure confidentiality.

As a voluntary participant, you have the right to refuse to answer any questions in the interview. You may also choose to withdraw from this study until April 1, 2013, in which case I will destroy any identifying information, including transcripts or audio recordings.

Please feel free to contact me directly at [bbach@smith.edu](mailto:bbach@smith.edu) or xxx-xxx-xxxx with any questions or concerns. In the event that you have any concerns regarding any aspect

of this study, or your rights as a participant, please contact either myself or the Smith College School for Social Work Human Subjects Review Committee, at (413) 585-7974.

Sincerely,

Brittany Bach

BY SIGNING BELOW, YOU ARE INDICATING THAT YOU HAVE READ AND UNDERSTOOD THE INFORMATION ABOVE AND THAT YOU HAVE HAD A CHANCE TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix D**  
**Clinical Resources**

**Local Outpatient Mental Health Clinics (Metro Boston Area) :**

**Allston, MA**

Brighton, MA 02135-3601  
Phone: (617) 787-1901

**Arbour Counseling Services**  
14 Fordham Road  
Allston, MA 02134  
Phone: (617) 782-6460

**Brockton, MA**

**South Bay Day Services**  
56 Cherry St  
Brockton, MA 02301  
Phone: (508) 521-1020

**Attleboro, MA**

**South Bay Mental Health Center**  
607 Pleasant Street # 115  
Attleboro, MA 02703-2528  
Phone: (508) 223-4691

**South Bay Mental Health Center**  
1115 West Chestnut Street  
Brockton, MA 02301  
Phone: (508) 580-4691

**Attleboro Clinic**  
5 Bank St. Ste 206  
Attleboro, MA 02703-2351  
Phone: (508) 222-8812

**Brookline, MA**

**Brookline Community MH Center**  
41 Garrison Rd  
Brookline, MA 02445-4445  
Phone: (617) 277-8107

**Boston, MA**

**Arbour Counseling Services**  
555 Amory St.  
Boston, MA 02130  
Phone: (617) 524-1120

**The Commonwealth Center**  
227 Babcock St.  
Brookline, MA 02446  
Phone: (617) 232-0353

**Bay Cove Human Services**  
31 Bowker St.  
Boston, MA 02114  
Phone: (617) 371-3020

**Cambridge, MA**

**North Suffolk MH Association**  
25 Stamiford St.  
Boston, MA 02114  
Phone: (617) 912-7800

**Cambridge Health Alliance**  
1493 Cambridge St  
Cambridge, MA 02139-1047  
Phone: (617) 665-1000

**Brighton, MA**

**Family & Community Solutions Inc**  
**Brighton Allston Mental Health**  
77 Warren St # B

**Chelsea, MA**

**North Suffolk MH Association**  
**Chelsea Counseling Center**  
301 Broadway  
Chelsea, MA 02150-2807  
Phone: (617) 889-4860

## **Dorchester, MA**

### **Dorchester House Multi-Service Center**

1353 Dorchester Ave  
Dorchester, MA 02122-2932  
Phone: (617) 288-3230

### **Kit Clark Senior Services**

1500 Dorchester Ave  
Dorchester, MA 02122-1327  
Phone: (617) 825-5000

## **Fitchburg, MA**

### **Community Healthlink, Inc. Fitchburg Counseling Center**

275 Nichols Road  
Fitchburg, MA 01420  
Phone: (978) 840-9932

## **Framingham, MA**

### **Advocates, Inc. Advocates Community Counseling**

354 Waverly St  
Framingham, MA 01702-7079  
Phone: (508) 661-2020

## **Franklin, MA**

### **Arbour Counseling Services Franklin**

38 Pond Street  
Suite 101  
Franklin, MA 02038  
Phone: (508) 528-6037

## **Lawrence, MA**

### **Arbour Counseling Services**

599 Canal Street  
Lawrence, MA 01840  
Phone: (978) 686-8202

### **South Bay Mental Health Center**

15 Union St  
Lawrence, MA 01840-1866  
Phone: (978) 688-4830

## **Lowell, MA**

### **Arbour Counseling Services**

10 Bridge Street  
3rd Floor  
Lowell, MA 01852  
Phone: (978) 453-5736

### **South Bay Mental Health Center**

77 E Merrimack St. Ste 1  
Lowell, MA 01852-1900  
Phone: (978) 453-6800

## **Malden, MA**

### **Arbour Counseling Services**

6 Pleasant Street  
6th Floor  
Malden, MA 02148  
Phone: (781) 322-1503

## **Marlborough, MA**

### **Advocates, Inc. Advocates Community Counseling Center**

340 Maple St. Fl 4  
Marlborough, MA 01752-3200  
Phone: (508) 485-9300

## **Medford, MA**

### **Community Counseling Services Lawrence Memorial Hospital**

101 Main St. Suite 112  
Medford, MA 02155-4540  
Phone: (781) 338-7270

## **New Bedford, MA**

### **Seven Hills Behavioral Health, Inc.**

589 South 1st Street  
New Bedford, MA 02740  
Phone: (508) 996-3147

## **Peabody, MA**

### **Family Continuity Inc/Beverly MH Clinic Peabody MH Clinic & Peabody**

**Home Base**

9 Centennial Drive  
2nd Floor Suite 202  
Peabody, MA 01960  
Phone: (978) 927-9410

**Quincy, MA****Bay State Community Services, Inc.  
OP Services/Outpatient Clinic**

13 Temple St  
Quincy, MA 02169  
Phone: (617) 471-8400

**South Shore Mental Health****Bayview Associates**

859 Willard St  
Quincy, MA 02169  
Phone: (617) 847-1083

**Roxbury, MA****Dimock Community Health Center,  
Inc.****Behavioral Health Services**

55 Dimock St  
Roxbury, MA 02119-1029  
Phone: (617) 442-8800 Extn.1392

**La Alianza Hispana, Inc.**

78 Forest St  
Roxbury, MA 02119-3345  
Phone: (617) 427-7175

**MMHC CBFS Roxbury**

10 John Eliot Square  
Roxbury, MA 02119  
Phone: (617) 541-1998

**Therapy Directory:** web search tool providing a directory of therapists in North America:

[http://therapists.psychologytoday.com/rms/prof\\_search.php](http://therapists.psychologytoday.com/rms/prof_search.php)

**Further Information about Narcissistic Personality Disorder/Adult Children of Narcissistic Parents:**

**Web Resources:**

- An In-Depth Look at Narcissistic Personality Disorder  
<http://psychcentral.com/lib/2010/narcissistic-personality-disorder-in-depth/>
- Dr. Karyl McBride's International Resource Center for Adult Children of Narcissistic Parents  
<http://www.willieverbegoodenough.com/>

**Books:**

- Will I Ever Be Good Enough? Healing the Daughters of Narcissistic Mothers. By Karyl McBride, 2008
- Trapped in the Mirror: Adult Children of Narcissists in their Struggle for Self. By Elan Golomb, 1992
- Children of the Self-Absorbed: A Grown-Up's Guide to Getting over Narcissistic Parents. By Nina Brown, 2001

## **Appendix E**

### **Interview Guide**

#### **Interview Questions:**

1. What interested you in participating in this study?
2. Please tell me about your parent.
3. Was your parent ever formally diagnosed with NPD?
4. What narcissistic traits did they exhibit?
5. Can you give me some examples?
  
4. How did your parent's narcissism impact your relationship with him/her?
5. How was your understanding of your parent similar or different from that of other parents you observed?
  
6. Can you tell me what it's been like to have a relationship with this parent given the characteristics you have talked about?
  
7. Is there anything else you would like me to know about this parent?

Now, I'd like to explore how you understand the ways in which your relationship with your parent might have impacted your self-esteem.

1. How would you define self-esteem?
2. How would you describe your self-esteem?
3. Do you think your parent had an impact on your self-esteem?
4. How? Can you give me examples?
5. Is there anything I haven't asked, or anything else you would like me to know?

**Appendix F**  
**HSR Approval Letter**



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**School for Social Work**  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

March 8, 2013

Brittany Bach

Dear Brittany,

Thank you for making all the requested changes to your Human Subjects Review application. Your project is now approved by the Human Subjects Review Committee.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

A handwritten signature in blue ink that reads 'Marsha Kline Pruett /PhD'.

Marsha Kline Pruett, M.S., Ph.D., M.S.L.  
Acting Chair, Human Subjects Review Committee

CC: Carla Naumburg, Research Adviser



Table 1  
*Demographics of Participants*

Characteristics	n (N=9)	%
Gender		
Female	8	88.8%
Male	1	11.1%
Age		
22-28	8	88.8%
29-36	0	0%
37-43	1	11.1%
Ethnicity		
Caucasian	7	77.7%
African-American	1	11.1%
Hispanic	1	11.1%